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Serologische reacties bij streptococcen-infecties toegepast in de oogheelkunde

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SUMMARY

In the historical part the fact is indicated that it is long known that there may be a connection between inflammations of the eye and streptococcal foci somewhere in the body. Recovery after extraction of teeth or tonsillectomy is often described. One had to rely, however, on the clinical aspect of tonsils and teeth (and, in the last case, eventually on the X-ray). Removal of the suspect focus and, after that, recovery of the eye disease was necessary to prove that the source of infection was found indeed.

Now that we have serological reactions to prove that there is a streptococcal infection it seemed obvious to use these reactions in ophthalmology. We used the reactions most fit for routine investigation: anti-streptolysin titer, L-agglutination, O-agglutination and improved Rose-test. Besides, we tried in each case to cultivate the streptococci and to find out if these belonged to the Lancefield-group A, in which fall 97% of all human pathogenous streptococcal infections. In comparing the serological reactions and the bacterial cultures in 120 patients with uveitis, scleritis and keratitis we found that if either there was a positive L- and O-agglutination, eventually combined with a high anti-streptolysin titer, or a positive L- and O-agglutination and a positive Rose-test, or a high antistreptolysin titer plus a positive O-agglutination, there was in very many cases a pyogenous streptococcus which could be isolated from the mucosa of the throat or the gingiva, or from the tips of extracted teeth. In 12 patients we saw an immediate and total recovery after removal of the focus by tonsillectomy or extraction of teeth. Often there was a marked raise in the blood titers after this. With certainty we could prove that an organ which seems clinically normal can be the source of a focal infection. Moreover, it seemed that to give positive titers in the blood, a certain minimal vitality of the streptococci is required. In endogenous inflammations of the eye, one must always be aware of the fact that more than one cause may be found.

A distinction must be made between uveitis etc. caused by streptococcal infection (in this case the Rose-test is either negative or weakly positive), and uveitis which accompanies a rheumatoid arthritis. In the latter case, no streptococci of the A-group could be found and the Rose test was strongly positive.